

Revision: HCFA-PM- 91-10 (MB)  
DECEMBER 1991

State/Territory: WISCONSIN

Citation

42 CFR 431.60  
42 CFR 456.2  
50 FR 15312  
1902(a)(30)(C) and  
1902(d) of the  
Act, P.L. 99-509  
(Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

X Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.

1902(a)(30)(C)  
and 1902(d) of the  
Act, P.L. 99-509  
(section 9431)

— By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

TN No. 92-0027

Supersedes

TN No. 87-0018

Approval Date 11-16-92 Effective Date 7-1-92

Revision: HCFA-PM-85-3 (BERC)  
MAY 1985

State: WISCONSIN

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

- 4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

☒ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

☐ All hospitals (other than mental hospitals).

☐ Those specified in the waiver.

☒ No waivers have been granted.

HCFA-179 # 850155 Date Rec'd 8/19/85  
Supersedes 76-41 Date Appr. 9/12/85  
State Rep. In. \_\_\_\_\_ Date Eff. 7/1/85

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-7 (BERC)  
JULY 1985

OMB NO.: 0938-0193

State/Territory: Wisconsin

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

☐ All mental hospitals.

☐ Those specified in the waiver.

☒ No waivers have been granted.

☐ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

HCFA-179 # 85-0161 Date Rec'd 10/1/85  
Supersedes 85-0155 Date Appr. 10/23/85  
State Rep. In. \_\_\_\_\_ Date Eff. 7/1/85

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_

HCFA ID: 0048P/0002P

Revision: HCFA PM-85-3 (BERC)  
MAY 1985

State: WISCONSIN

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

☐ All skilled nursing facilities.

☐ Those specified in the waiver.

☒ No waivers have been granted.

HCFA-179 # 850155 Date Rec'd 8/19/85  
Supersedes 7641 Date Appr. 9/12/85  
State Rep. In. \_\_\_\_\_ Date Eff. 7/1/85

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)  
MAY 1985

State: WISCONSIN

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14 XX(e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- ☒ Facility-based review.
- ☐ Direct review by personnel of the medical assistance unit of the State agency.
- ☐ Personnel under contract to the medical assistance unit of the State agency.
- ☐ Utilization and Quality Control Peer Review Organizations.
- ☐ Another method as described in ATTACHMENT 4.14-A.
- ☐ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
- ☐ Not applicable. Intermediate care facility services are not provided under this plan.

HCFA-179 # 85-0155 Date Rec'd 8/19/85  
Supersedes 76-41 Date Appr. 9/12/85  
State Rep. In. \_\_\_\_\_ Date Eff. 7/1/85

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_

HCFA ID: 0048P/0002P

Revision: HCFA-PM- 91-10 (MB)  
DECEMBER 1991

State/Territory: WISCONSIN

Citation

1902(a)(30)  
and 1902(d) of  
the Act,  
P.L. 99-509  
(Section 9431)  
P.L. 99-203  
(section 4113)

4.14 Utilization/Quality Control (Continued)

- (f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

X A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

— A private accreditation body.

— An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 92-0027  
Supersedes  
TN No. 87-0018

Approval Date 11-16-92 Effective Date 7-1-92